



# Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 1 of 14

Stage 1

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CPOE for Medication Orders	
Objective	Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
Measure	More than 30 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.
Exclusion	No exclusion.

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## Definition of Terms

**Admitted to the Emergency Department** – There are two methods for calculating ED admissions for the denominators for measures associated with Stage 1 of Meaningful Use objectives. Eligible hospitals and CAHs must select one of the methods below for calculating ED admissions to be applied consistently to all denominators for the measures. That is, eligible hospitals and CAHs must choose either the “Observation Services method” or the “All ED Visits method” to be used with all measures. Providers cannot calculate the denominator of some measures using the “Observation Services method,” while using the “All ED Visits method” for the denominator of other measures. Before attesting, eligible hospitals and CAHs will have to indicate which method they used in the calculation of denominators.

*Observation Services method.* The denominator should include the following visits to the ED:

- The patient is admitted to the inpatient setting (place of service (POS) 21) through the ED. In this situation, the orders entered in the ED using certified EHR technology would count for purposes of determining the computerized provider order entry (CPOE) Meaningful Use measure. Similarly, other actions taken within the ED would count for purposes of determining Meaningful Use
- The patient initially presented to the ED and is treated in the ED's observation unit or otherwise receives observation services. Details on observation services can be found in the Medicare

Benefit Policy Manual, Chapter 6, Section 20.6. Patients who receive observation services under both POS 22 and POS 23 should be included in the denominator.

*All ED Visits method.* An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions. All actions taken in the inpatient or emergency departments (POS 21 and 23) of the hospital would count for purposes of determining meaningful use.

**Computerized Provider Order Entry (CPOE)** – CPOE entails the provider’s use of computer assistance to directly enter medication orders from a computer or mobile device. The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization.

**Unique Patient** – If a patient is admitted to an eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term “unique patient” relate to what is contained in the patient’s medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

## Attestation Requirements

### NUMERATOR / DENOMINATOR

- **DENOMINATOR:** Number of unique patients with at least one medication in their medication list admitted to the eligible hospital’s or CAH’s inpatient or emergency department during the EHR reporting period.
- **NUMERATOR:** The number of patients in the denominator that have at least one medication order entered using CPOE.

The resulting percentage (Numerator ÷ Denominator) must be more than 30 percent in order for an eligible hospital or CAH to meet this measure.

## Additional Information

- Any licensed healthcare professionals can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines.
- The order must be entered by someone who could exercise clinical judgment in the case that the entry generates any alerts about possible interactions or other clinical decision support aides. This necessitates that the CPOE occurs when the order first becomes part of the patient’s medical record and before any action can be taken on the order.
- Electronic transmittal of the medication order is not a requirement for meeting the measure of this objective.
- Denominator can include all patients with at least one medication in their medication list or only patients whose records are maintained using certified EHR technology with at least one medication in their medication list.

## Related Meaningful Use FAQs

To see the FAQs, click the New ID # hyperlinks below, or visit the CMS FAQ web page at <https://questions.cms.gov/> and enter the New ID # into the Search Box, clicking the “FAQ #” option to view the answer to the FAQ. (Or you can enter the OLD # into the Search Box and click the “Text” option.)

- Who can enter medication orders in order to meet the measure for the CPOE meaningful use objective? When must these medication orders be entered? [New ID #2851](#), [Old ID #10134](#)
- Is the physician the only person who can enter information in the EHR in order to qualify for the EHR Incentive Programs? [New ID #2771](#), [Old ID #10071](#)
- What do the numerators and denominators mean in measures that are required to demonstrate meaningful use? [New ID #2813](#), [Old ID #10095](#)
- Does an eligible hospital have to count patients admitted to both the inpatient and emergency departments in the denominator of meaningful use measures, or can they count only emergency department patients? [New ID #3067](#), [Old ID #10468](#)
- If an eligible hospital or CAH has a rehabilitation unit or a psychiatric unit that is part of the inpatient department and that bills under Place of Service (POS) code 21, but that is excluded from the inpatient prospective payment system (IPPS), should patients from these units be included in the denominator for the measures of meaningful use objectives? [New ID #3213](#), [Old ID #10591](#)
- How should patients in swing beds be counted in the denominators of meaningful use measures for eligible hospitals and CAHs? [New ID #3259](#), [Old ID #10640](#)

## Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
§170.306(a) Computerized provider order entry	Enable a user to electronically record, store, retrieve, and modify, at a minimum, the following order types:  (1) Medications; (2) Laboratory; and (3) Radiology/imaging.
§170.302(n) Automated measure calculation	For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.

### Standards Criteria

N/A



## Related Certification FAQs

Click on the green numbers to view the answer to the FAQ.

- I've selected a certified Complete EHR [or certified EHR Module] from EHR technology developer XYZ. I prefer the certified CPOE EHR Module designed by EHR technology developer ABC over the CPOE capability included in EHR technology developer XYZ's Complete EHR. Can I use duplicative or overlapping certified capabilities of different certified EHR technologies without jeopardizing my ability to meaningfully use Certified EHR Technology? [9-10-014-1](#)